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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

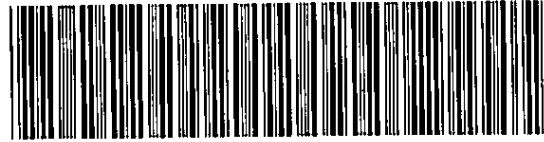
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TIMOTHY E. MONAGHAN
PARTNER
Shutts & Bowen LLP
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West Palm Beach, Florida 33401
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FAX (561) 822-5515
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September 9, 2019

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**Re: Critical Care Associates of South Florida, LLC;
Document No. L10000049307**

Dear Sir or Madam:

Enclosed is a copy of Cheryl McNair's August 12, 2019 correspondence to us in connection with the Statement of Change of Registered Office or Registered Agent or Both for Critical Care Associates of South Florida, LLC. The corrected document is enclosed for filing which has been signed by a managing member of Critical Care Associates of South Florida, LLC.

If you have any questions regarding this filing, please feel free to contact me.

Sincerely,

Shutts & Bowen LLP

Timothy E. Monaghan

Enclosure

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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Critical Care Associates of South Florida, LLC
2. (a) 1601 Clint Moore Road
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
Suite 100
Boca Raton, FL 33487
- (b) 1601 Clint Moore Road
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
Suite 100
Boca Raton, FL 33487
3. May 6, 2010 Date of filing/registration in Florida
4. L10000049307 Document number
5. (a) Timothy E. Monaghan
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1601 Clint Moore Road
Registered Office Address (Note: MUST BE FLORIDA STREET ADDRESS)
Suite 100
Boca Raton, FL 33487
- (b) SUSAN RUBY
Enter name of NEW Registered Agent and/or NEW Registered Office address:
Same Address
NEW Registered Office Address:

, FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Ralph Palumbo
Signature of a member or authorized representative of a member

Ralph Palumbo, M.D., Managing Member
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Susan Ruby
Signature of Registered Agent
Susan Ruby

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00